



Indiana State Department of Health

Division of Long Term Care

APPLICATION FOR CONVERSION FROM RESIDENTIAL CARE TO NON-CERTIFIED COMPREHENSIVE CARE FACILITY

TO: Applicant

FROM: Program Director-Provider Services
Division of Long Term Care

This letter is to inform applicants of the required documentation for application for conversion from residential level care to non-certified comprehensive level care. For additional information on the rules and regulations involving this action please refer to: <http://www.in.gov/isdh/regsvcs/ltc/lawrules/index.htm>

Please submit the following forms and documentation:

1. State Form 4332, Bed Inventory (enclosed) to reflect the configuration after the conversion.
2. Copy of the facility's floor plan on 8 ½" x 11" paper, to include room numbers and number of beds per room, to reflect the configuration after the conversion;
3. Proposed staffing plan based upon 20%, 50% and 100% occupancy for the number of beds to be converted (to include all RN, LPN, QMA and CNA hours);
4. List of Key Personnel, to include name and position title or function;
5. Proposed nurse staffing schedule (by position) for a two (2) week period, indicating nursing hours per resident per day;
6. Copy of all Patient Transfer Agreements with hospitals; and
7. Copies of all contracts/service agreements between the facility and third parties for services provided to residents.

Prior to the Division of Long Term Care granting authorization for the facility to admit comprehensive care residents, the following must occur:

1. The Indiana State Department of Health, Division of Sanitary Engineering must approve the plans and specifications for the facility to ensure that the physical structure meets the requirements for comprehensive beds (please contact Dennis Ehlers at 317/233-7588 for instructions);
 2. If any modifications to the building are to be made, the project architect must submit to the Division of Long Term Care a Certificate of Substantial Completion to verify that any and all modifications are complete; and
 3. The facility must pass Life Safety Code and Sanitarian inspections.
- ◆ Once the Division of Sanitary Engineering has approved the plans and specifications for the physical plant, the facility may submit a written request for the Life Safety Code and Sanitarian inspections.

- ◆ Once these inspections have been completed and released, the Division of Long Term Care forward to the facility an authorization to admit comprehensive care residents.
- ◆ Once the facility has received this, and is ready for the survey for comprehensive level care, the facility may submit a written request for survey, noting that at least two (2) residents are receiving comprehensive level care. *Every effort will be made to schedule the survey to occur no later than twenty-one (21) calendar days after the date specified in the letter indicating that the facility will be ready for survey.*

Please do not hesitate to contact me at 317/233-7794 with any questions you may have regarding this process.

Enclosures

Revised March 2005



BED INVENTORY
State Form 4332 (R8/1-02)
Indiana State Department of Health-Division of Long Term Care

Name of Facility													
Street Address													
City				County				Zip+4					
PLEASE SPECIFY THE NUMBER OF BEDS IN EACH ROOM AS FOLLOWS: Each room should be listed only once and listed in numerical order under each classification column.										Room No.		No. Beds	
Title 18 SNF = Medicare ONLY beds Title 18 SNF/NF 19 NF = Medicare/Medicaid (Dually Certified) Title 19 NF = Medicaid All licensed beds must be listed.										8		2	
										9		2	
										10		2	
										11		3	
										12		2	
										20		2	
Title 18 SNF		Title 18/19 SNF/NF		Title 19 NF				NCC		Residential			
Room #	# Beds	Room #	# Beds	Room #	# Beds	Room #	# Beds	Room #	# Beds	Room #	# Beds		
Total 18 SNF		Total 18/19 SNF/NF		Total 19 NF				Total NCC		Total Residential			
<div style="display: flex; justify-content: space-between;"><div><div>Current SNF Census</div><div>Current SNF/NF Census</div><div>Current NF Census</div><div>Current NCC Census</div><div>Current Residential Census</div><div>TOTAL CURRENT CENSUS</div><div>TOTAL LICENSED CAPACITY</div></div><div style="border: 2px solid black; padding: 10px; width: 40%; text-align: center;"><p><u>NOTE</u></p><p><i>Completion of this form is not an official bed change request or a change from those beds classifications and numbers currently licensed</i></p></div></div>													
Completed by						Position			Date				